

In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>164</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>777</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			St. _____ Ward _____
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		
2. Full name of child <u>Lena Moreno</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	5. Legitimate. <u>yes</u>
6. Date of birth <u>Sept. 23-1924</u>	7. Month _____ day _____ year _____	8. No., in order of birth <u>1</u>	
FATHER		MOTHER	
8. Full name <u>Jose Moreno</u>	9. Residence (Usual place of abode) <u>Miami Ariz</u>	14. Full maiden name <u>Airila Ramon</u>	15. Residence (Usual place of abode) <u>Miami Ariz</u>
10. Color or race <u>Mex.</u>	11. Age at last birthday <u>20</u> (Years)	16. Color or race <u>Mex.</u>	17. Age at last birthday <u>22</u> (Years)
12. Birthplace (city or place) <u>Chihuahua Mex</u>	(State or country)	18. Birthplace (city or place) <u>Clifton Ariz</u>	(State or country)
13. Occupation <u>miner</u>	Nature of industry	19. Occupation <u>Housewife</u>	Nature of industry
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* <u>30</u>			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 P. M.</u> on the date above stated.			
(Born alive or stillborn)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.			
Signature <u>Byrd M. Brown M.D.</u>		(Physician or midwife)	
Address <u>Miami, Ariz</u>			
Given name added from supplemental report _____		Filed <u>Oct 31</u> , 19 <u>24</u> <u>R. E. Owen</u> Local Registrar.	
Month, day, year.		Filed <u>11-5</u> , 19 <u>24</u> <u>B. G. Shaw</u> County Registrar.	
Registrar.			

346-923-192